## PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Donn</u>	ıa Wilson	Date Requ	ested:	<u>3-26-2012</u>
Facility Name and Permit ID		Ingleside Compost Facility, 4110-COMPOST-			
Applicant (Owner) Name		City of High Point			
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]		<ul> <li>☐ (1)a. New – New Facility</li> <li>☐ (1)b. New – Expand Facility Boundary</li> <li>☐ (1)c. New – Expand Waste Boundary</li> <li>☐ (1)d. New – Substantial Amendment</li> <li>☐ (2)a. Amendment – Next Phase of the Approved Facility Plan</li> <li>☐ (2)b. Amendment – Five-year Renewal</li> <li>☐ (2)c. Amendment – Change in Ownership</li> <li>☐ (3)a. Modification – Change to Approved Plans (No CHR)</li> <li>☐ (3)b. Modification – Subsequent Permit to Operate (No CHR)</li> </ul>			
Permit Fee		\$ 0, fee has already been paid			
Date Application Received		12-1-2009			
Contact Name, Title & Phone #		Mr. Steve Pendry, Landfill Superintendent, steven.pendry@highpointnc.gov			
Company		City of High P	<u>oint</u>		
911 Address					
Mailing Address		P O Box 230			
City/State/Zip		High Point, NC 27261			
Parent Company		<u>NA</u>			
Known Subsidiaries		<u>NA</u>			
Other known names business has operated under		<u>NA</u>			
Known Counties of Operation		Guilford			
Does the applicant have a past or current solid waste permit?		Yes ☑ No ☐ Unknown ☐  Facility Type: compost Permit #: 4110-COMPOST-			
Does the applicant have other DENR permits?		Yes ☐ No ☐ Unknown ☒  Division: Facility Type: Permit #:			
Did the permit applicant submit Financial Assurance cost estimates?		Yes 🗌 No	☐ N/a ☐	Not Needed	
Are the cost estimates sufficient?		Yes No	☐ N/a ⊠		
Other notes		Please confirm that the compliance review requirements for this application have been satisfied.			